

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001441

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JAN 10 1962

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 57

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kaolin</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kaolin</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>12 miles W of Belleview</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>12 miles W of Belleview</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LUTHER MONROE HODGE</u>				4. DATE OF DEATH Month Day Year <u>Jan 3 1962</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 30 1892</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Rolla Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Susan Hodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>James A. Hodge 4661, Estes St Arvada, Colo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis (Coronary Artery Disease)</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. <u>Re entry to active (passive) smoking</u> DUE TO (b) <u>Coronary Thrombosis, Coronary Artery Disease</u> DUE TO (c) <u>Coronary Thrombosis, Coronary Artery Disease</u>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Stomach, Gastric & Esophageal</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Heart Stomach, Gastric & Esophageal</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>9/28/61</u> to <u>12/26/61</u> and last saw him alive on <u>12/26/61</u> Death occurred at <u>311 E. 1st St. Rolla, Mo.</u>				22a. SIGNATURE <u>Bertha S. Sarno</u> 22b. ADDRESS <u>311 E. 1st St. Rolla, Mo.</u> 22c. DATE SIGNED <u>1/6/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1/8/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Keith Cemetery</u>		23d. LOCATION (City, town, or county) <u>Iron County, Mo.</u>			
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>January 9 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Elizabeth Logan</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I, hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Proctor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.